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CONFIRMATION NO. 7876

<b>SERIAL NUMBER</b> 10/602,666	<b>FILING OR 371(c) DATE</b> 06/25/2003 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2628	<b>ATTORNEY DOCKET NO.</b> GRND-24C
<b>APPLICANTS</b> Ford Oxaal, Cohoes, NY;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/871,903 06/04/2001 ABN which is a CON of 09/228,760 01/12/1999 PAT 6,243,099 and is a CIP of 08/749,166 11/14/1996 PAT 5,903,782 which claims benefit of 60/006,800 11/15/1995				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/26/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 16
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 29106				
<b>TITLE</b> METHOD FOR INTERACTIVELY VIEWING FULL-SURROUND IMAGE DATA AND APPARATUS THEREFOR				
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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